



A-2: No Income and/or Homeless Verification Form
Required Proof of no Income/Maryland Residency/Homelessness

ID: 94 \_\_\_\_\_

Instructions: Complete section 1 or 2.

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Section 1. Supporting relative or friend (all information is required)

I, \_\_\_\_\_, certify that \_\_\_\_\_ is:
(applicant)

Currently without income.

I am supporting him/her by providing the following:

- Payment for room and board outside of my home.
Free room and board in my home.
Other, please explain: \_\_\_\_\_

I certify that the information provided on this form and any attached documentation is true, correct and complete.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_
Phone number: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Section 2. Shelter or Agency (if applicant is homeless)

I, \_\_\_\_\_, certify that \_\_\_\_\_ resides at \_\_\_\_\_, at
(Name of Shelter Representative) (Applicant) (Facility Name)
\_\_\_\_\_ for the period of: [ ] less than 6 months [ ] 6 to 12 months [ ] 12 months or more.
(Facility Location)

- The applicant has no income. Client is homeless and is Not currently living in a shelter
The applicant has income.

I certify that this information is true, correct and complete.

Organization Name: \_\_\_\_\_
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_
Phone number: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Self reported
Case manager reported